

DEC 29 2004

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2) Susan Ungar		571-273-0837	
3)		571-273-8300	
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From: Ronald L. Eisenstein	Date: December 29, 2004	No. of Pages: 11 (including this page)	
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1) U.S. PTO		703-872-9306	
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From: Ronald L. Eisenstein	Date: December 29, 2004	No. of Pages: 11 (including this page)	Client/Matter: 700157-48012
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DEC 29 2004

Practitioner's Docket No. 700157-48012-RCE

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David E. Fisher

Application No.: 09/229,283 Group No.: 1642  
Filed: 01/13/99 Examiner: UNGAR, Susan  
For: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR  
TREATMENT OF MELANOMA

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

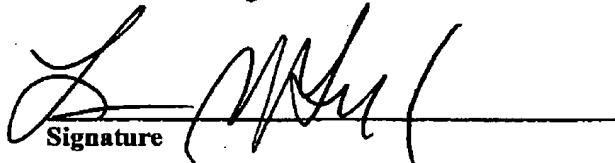
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I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (703) 872-9306 (official fax number) and to Susan Ungar at (571) 273-0837 and (571) 273-8300 on the date shown below:

1. Certification of Facsimile Transmission (1 pg.);
2. Transmittal Form (1 pg.);
3. Petition for Extension of Time in duplicate (2 pp.);
4. Fee Transmittal (1 pg.); and
5. Supplemental Amendment (5 pp.).

Linda M. Ginsberg

December 29, 2004  
Date

  
Signature

Certification of Facsimile Transmission--page 1 of 1

DEC 29 2004

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	09/229,283
Filing Date	January 13, 1999
First Named Inventor	David E. Fisher
Art Unit	1642
Examiner Name	UNGAR, Susan
Attorney Docket Number	700157-48012-RCE

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certification of Facsimile Transmission
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Nixon Peabody LLP, 100 Summer Street, Boston, MA 02110		
Signature			
Printed name	Ronald I. Eisenstein/Nicole L.M. Valtz		
Date	Dec. 29, 2004	Reg. No.	30,628/47,150

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Linda M. Ginsberg

Date

12/29/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60.00)

## Complete if Known

Application Number	09/229,283
Filing Date	January 13, 1999
First Named Inventor	David E. Fisher
Examiner Name	UNGAR, Susan
Art Unit	1642
Attorney Docket No.	700157-48012-RCE

## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number)	x 125.00	= 0.00

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One month extension of time

60.00

## SUBMITTED BY

Signature	M. Valtz	Registration No. 30,628/47,150 (Attorney/Agent)	Telephone 617-345-6054
Name (Print/Type)	Ronald I. Eisenstein/Nicole L.M. Valtz		Date December 29, 2004

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**DEC 29 2004**

Attorney Docket No.: 700157-48012

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**APPLICANT:** David E. Fisher

**EXAMINER:** S. Ungar

**SERIAL NO.:** 09/ 229,283

**GROUP:** 1642

**FILED:** January 13, 1999

**FOR: USE OF MICROPHTHALMIA FOR DIAGNOSIS, PROGNOSIS AND/OR  
TREATMENT OF MELANOMA**

**CERTIFICATE OF FACSIMILE (37 C.F.R. SECTION 1.8(a))**

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12/29/04  
Date

Linda M. Ginsberg  
(type or print name of person mailing paper)

Signature of person mailing paper

**MAIL STOP AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Dear Sir:

In response to the Office Communication dated November 18, 2004, Applicants previously filed by facsimile an Amendment, including a corrected Listing of Claims, on November 23, 2004. During the telephone interview with Examiner Ungar on December 21, 2004, applicants learned that the November 23, 2004 Amendment had not been received. Applicants have not been able to locate proof that the Amendment was filed by facsimile on November 23, 2004. Accordingly, in response to the November 18, 2004 communication, applicants are submitting herewith a Petition for One Month Extension of Time and fee. Please amend the application as follows, including the corrected Listing of Claims:

**Amendments to the Claims begin on page 2 of this paper.**

**Remarks begin on page 5 of this paper.**

BOS1430939.1

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